



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter DEN-109  
January 2021

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** *Dental Manual* (Expanded Coverage of Adult Dental Benefits)

### **Updates to Subchapter 6 of the MassHealth Dental Manual**

This letter transmits changes to the service codes and descriptions in Subchapter 6 of the MassHealth *Dental Manual* to reflect covered service codes for members age 21 and older. These changes are being made to reflect expanded coverage of adult dental benefits, including certain endodontic, prosthodontic, and oral surgery services, effective January 1, 2021, as required pursuant to the Fiscal Year 2021 General Appropriations Act, Chapter 227 of the Acts of 2020.

These updates are being made notwithstanding that certain of these services are not currently listed as covered services in 130 CMR 420.000: *Dental Services*. As described below, MassHealth expects to formally amend 130 CMR 420.000 in the near future to reflect this expanded coverage of adult dental benefits. These updates do not impact MassHealth members under age 21.

**Please hold all claims for the dental service codes below for members age 21 and older for dates of service beginning January 1, 2021, until the system is ready.**

DentaQuest will notify you as soon as the system is ready to process claims for these codes via the red bell and notification on the MassHealth Provider Web Portal at [https://provider.masshealth-dental.net/mh\\_provider\\_login](https://provider.masshealth-dental.net/mh_provider_login).

The following is a summary of the changes.

### **Subchapter 6 Code Changes**

Effective for dates of service on or after January 1, 2021, MassHealth is adding coverage for members age 21 and older for the dental service codes below. These services were already covered for members under age 21, and in certain cases for clients over the age of 21 who are served by the Massachusetts Department of Developmental Services (DDS). Please see Subchapter 6 for limitations, prior authorization requirements, report requirements, and notations.

<b>Code</b>	<b>Description</b>
D2751	porcelain crown fused to predominantly base metal
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2920	recement crown

<b>Code</b>	<b>Description</b>
D2951	pin retention in addition restoration
D2954	post & core
D2980	crown repair, by report
D2999	unspecified restorative procedure, by report
D3310	root canal therapy- anterior
D3320	root canal therapy- bicuspid
D3330	root canal therapy- molar
D3346	retreatment of root canal therapy- anterior
D3347	retreatment of root canal therapy- bicuspid
D3348	retreatment of root canal therapy- molar
D3410	apicoectomy- anterior
D3421	apicoectomy- bicuspid
D3425	Apicoectomy- molar
D3426	apicoectomy- each additional root
D6999	Unspecified fixed prosthodontic procedure, by report
D7340	Vestibuloplasty- ridge extension (second epithelialization)
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7961	Frenulectomy- buccal/labial
D7962	Frenulectomy- lingual
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue - per arch
D7999	Unspecified oral surgery procedure, by report
D9999	Unspecified adjunctive procedure, by report

### Upcoming Updates to 130 CMR 420.000

MassHealth intends to make corresponding updates to 130 CMR 420.000 as soon as possible, to reflect this coverage of adult dental benefits including certain endodontic, prosthodontic, and oral surgery services. MassHealth expects that the following (or substantially similar) revised language will be included in 130 CMR 420.000: *Dental Services* with respect to members age 21 and older.

**Crown**

The MassHealth agency pays for porcelain fused to predominantly base metal crown and prefabricated posts and cores for members. The MassHealth agency pays for reinforcing pins only when used in conjunction with a two-or-more-surface restoration on a permanent tooth. Commercial amalgam bonding systems are included in this category.

**Root Canal Therapy**

The MassHealth agency pays for root-canal therapy only when there is a favorable prognosis for the continued good health of both the tooth and the remaining dentition.

**Apicoectomy**

The MassHealth agency pays for an apicoectomy as a separate procedure following root canal therapy when the canal cannot be retreated through reinstrumentation. Payment by the MassHealth agency for an apicoectomy with root canal filling includes payment for the filling of the canal or canals and removing the pathological periapical tissue and any retrograde filling in the same period of treatment.

**Vestibuloplasty**

The MassHealth agency pays for vestibuloplasty ridge extension for all members.

**Frenulectomy**

The MassHealth agency pays for frenulectomy procedures for all members. Frenulectomies may be performed to excise the frenum when the tongue has limited mobility, to aid in the closure of diastemas, and as a preparation for prosthetic surgery. If the purpose of the frenulectomy is to release the tongue, a written statement by a physician or primary care clinician and a speech pathologist clearly stating the problem must be maintained in the member's dental record. The MassHealth agency does not pay for labial frenulectomies performed before the eruption of the permanent cuspids, unless orthodontic documentation that clearly justifies the medical necessity for the procedure is maintained in the member's dental record.

**Excision of Hyperplastic Tissue**

The MassHealth agency pays for excision of hyperplastic tissue by report for all members. The MassHealth agency does not pay separately for the excision of hyperplastic tissue when performed in conjunction with an extraction. This procedure is generally reserved for the preprosthetic removal of such lesions as fibrous epuli or benign palatal hyperplasia.

**Excision of Benign Lesion**

The MassHealth agency pays for excision of soft-tissue lesions for all members.

**Removal of Exostosis and Tori**

The MassHealth agency pays for removal of exostosis and tori once per arch for all members.

As a reminder, dental providers may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions set forth in 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than age 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*.

### **Fee Schedule**

If you wish to obtain a fee schedule for dental services, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The regulation title for dental services is [101 CMR 314.00: Dental Services](#).

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### **Questions**

If you have questions about this transmittal letter, please contact MassHealth Dental Customer Service at (800) 207-5019, or email your inquiry to [inquiries@masshealthdental.net](mailto:inquiries@masshealthdental.net).

For additional information, please see the *MassHealth Dental Program Office Reference Manual* (available at <http://www.masshealth-dental.net/>).

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **Dental Manual**

Pages 6-1 through 6-28

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Dental Manual**

Pages 6-1 through 6-30 — transmitted by Transmittal Letter DEN-107

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
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## 601 Introduction

Dental providers who bill using Current Dental Terminology (CDT) codes must refer to the current version of the American Dental Association's (ADA) code book for the service descriptions for codes listed in Subchapter 6 of the *Dental Manual*. Dentists who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7) must refer to the current version of the American Medical Association's (AMA) Current Procedural Terminology (CPT) code book for the service descriptions for codes listed in Subchapter 6 of the *Dental Manual*.

MassHealth pays for dental services as described in MassHealth regulations at 130 CMR 420.000 and 450.000. A dental provider may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions set forth in 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member under the age of 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*. For each dental service code, the description indicates any limitations, such as age and frequency, and if prior authorization is required for the member.

### Dentists Who Are Specialists in Oral Surgery

A dentist who is a specialist in oral surgery in accordance with 130 CMR 420.405(A)(7) must submit all requests for prior authorization and claims containing CPT codes directly to MassHealth rather than to any third-party administrator or other MassHealth vendor, as described in 130 CMR 420.000.

When billing for multiple surgeries performed during the same operative session or on the same day, dental providers who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7), are reminded that Modifier 51 must be added to the second, third, and subsequent lines as appropriate. The primary procedure must be on line 1.

### Modifiers

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations (NDCs).

- PA Surgical or other invasive procedure on wrong body part
- PB Surgical or other invasive procedure on wrong patient
- PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](#) of your provider manual.

### Public Health Dental Hygienists

Public health dental hygienists may claim payment for service codes D0190, D0191, D0220, D0230, D0272, D0273, D0274, D1110, D1120, D1206, D1208, D1351, D1354, D4341, D4342, D9110, and D9410.

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## 602 Explanation of Abbreviations and Service Code Requirements

The following abbreviations are used in Subchapter 6 with certain services that may require special reporting, as described next.

### (A) Prior Authorization.

(1) “PA” indicates that service-specific prior authorization is required (see 130 CMR 420.410). The provider must include in any request for prior authorization sufficiently detailed, clear information documenting the medical necessity of the service requested and, where specified, the information described in this Subchapter 6.

(2) The MassHealth agency may require any additional information it deems necessary. If prior authorization is not required, the provider must maintain in the member’s dental record, all information necessary to disclose the medical necessity for the services provided. Pursuant to 130 CMR 420.410(B)(3), prior authorization may be requested for any exception to a limitation on a service otherwise covered for that member. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

(B) Individual Consideration. “IC” indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412) and be sufficiently detailed to enable the MassHealth agency to assess the extent and nature of the services provided. The reports must include the following where applicable.

- (1) amount of time required to perform the service;
- (2) degree of skill required to perform the service;
- (3) severity and complexity of the member’s disease, disorder, or disability; and
- (4) any extenuating circumstances or complications.

## 603 Service Codes: Diagnostic Services

See 130 CMR 420.422 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D0120	Twice per calendar year	Yes	Yes	Yes	
D0140	Twice per calendar year	Yes	Yes	Yes	
D0145	Twice per calendar year	Yes (IC)	No	No	See 602(B) above.
D0150	Once per member per dentist	Yes	Yes	Yes	
D0180	Once per calendar year	Yes	Yes	Yes	
D0190	Twice per calendar year	Yes	Yes	Yes	Payable only to a Public Health Hygienist
D0191	Once per calendar year	Yes	Yes	Yes	Payable only to Public Health Hygienist

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604 Service Codes: Radiographs

See 130 CMR 420.423 and *Dental Manual* [Appendix E](#) for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D0210	Once every three calendar years	Yes	Yes	Yes	
D0220		Yes	Yes	Yes	
D0230		Yes	Yes	Yes	
D0240	Twice per calendar year	Yes	No	No	
D0270	Twice per calendar year	Yes	Yes	Yes	
D0272	Twice per calendar year	Yes	Yes	Yes	
D0273	Twice per calendar year	Yes (IC)	Yes (IC)	Yes (IC)	See 602(B) above.
D0274	Twice per calendar year	Yes	Yes	Yes	
D0330	Once every three calendar years	Yes	Yes	Yes	
D0340		Yes	Yes	Yes	

605 Service Codes: Preventive Services

See 130 CMR 420.424 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D1110	Twice per calendar year	Yes (Use this code for ages 14-21.)	Yes	Yes	
D1120	Twice per calendar year	Yes (Use this code for ages up to 14.)	No	No	

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605 Service Codes: Preventive Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D1206		Yes	No*	No*	* Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).
D1208		Yes	No*	No*	* Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).
<b>Other Preventive Services</b>					
D1351	Permanent first, second, and third noncarious, nonrestored molars	Yes	No	No	
<b>Space Maintenance (Passive Appliances)</b>					
D1510	Twice per lifetime	Yes	No	No	
D1354	Twice per tooth's lifetime	Yes	Yes	Yes	
D1516		Yes	No	No	
D1517		Yes	No	No	
D1520	Twice per lifetime	Yes	No	No	
D1526		Yes	No	No	
D1527		Yes	No	No	



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606 Service Codes: Restorative Services

See 130 CMR 420.425 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Amalgam Restorations (Including Polishing)</b>					
D2140	Once per calendar year per tooth	Yes	Yes	Yes	
D2150	Once per calendar year per tooth	Yes	Yes	Yes	
D2160	Once per calendar year per tooth	Yes	Yes	Yes	
D2161	Once per calendar year per tooth	Yes	Yes	Yes	
<b>Resin-Based Composite Restorations</b>					
D2330	Once per calendar year per tooth	Yes	Yes	Yes	
D2331	Once per calendar year per tooth	Yes	Yes	Yes	
D2332	Once per calendar year per tooth	Yes	Yes	Yes	
D2335	Once per calendar year per tooth	Yes	Yes	Yes	
D2390	Once per calendar year per tooth	Yes	No	No	
D2391	Once per calendar year per tooth	Yes	Yes	Yes	
D2392	Once per calendar year per tooth	Yes	Yes	Yes	
D2393	Once per calendar year per tooth	Yes	Yes	Yes	
D2394	Once per calendar year per tooth	Yes	Yes	Yes	
<b>Crowns – Single Restoration Only</b>					
D2710	Once per 60 months per tooth	Yes	No	No	
D2740	Once per 60 months per tooth	Yes	No	No	
D2750	Once per 60 months per tooth	Yes	No	No	

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606 Service Codes: Restorative Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D2751	Once per 60 months per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2752	Once per 60 months per tooth	Yes	No	No	
D2790	Once per 60 months per tooth	Yes	No	No	
<b>Other Restorative Services</b>					
D2910		Yes	Yes	Yes	
D2920		Yes	Yes	Yes	
D2930		Yes	No	No	
D2931		Yes	No*	No*	<i>* Exception for members with undue medical risk. See 130 CMR 420.425(C)(2).</i>
D2932	Primary anterior teeth only	Yes	No	No	
D2934		Yes	No	No	
D2951		Yes	Yes	Yes	
D2954		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2980	Chairside	Yes	Yes	Yes	
D2999	Outside laboratory	Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA) (IC)	Include documentation to substantiate why the repair could not be done chairside. See 602(A) and (B) above and 130 CMR 420.425(E).

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607 Service Codes: Endodontic Services

See 130 CMR 420.426 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Pulpotomy</b>					
D3220		Yes	No	No	
<b>Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)</b>					
D3310	Once per lifetime per tooth	Yes	Yes	Yes	
D3320	Once per lifetime per tooth	Yes	Yes	Yes	
D3330	Once per lifetime per tooth	Yes	Yes	Yes	
D3346		Yes	Yes	Yes	
D3347		Yes	Yes	Yes	
<b>Endodontic Retreatment</b>					
D3348		Yes	Yes	Yes	
<b>Apicoectomy/Periradicular Services</b>					
D3410	Per tooth. Includes retrograde filling. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3421	Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3425	First root. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.

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607 Service Codes: Endodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D3426	Each additional root	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.

608 Service Codes: Periodontal Services

See 130 CMR 420.427 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Surgical Services (Including Usual Postoperative Services)</b>					
D4210	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).

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608 Service Codes: Periodontal Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D4211	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).
D4341	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).

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608 Service Codes: Periodontal Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D4342	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).

609 Service Codes: Prosthodontic (Removable) Services

See 130 CMR 420.428 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>					
D5110	Once per 84 months	Yes	Yes	Yes	
D5120	Once per 84 months	Yes	Yes	Yes	
D5130		Yes	No	No	
D5140		Yes	No	No	
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>					
D5211	Once per 84 months	Yes	Yes	Yes	
D5212	Once per 84 months	Yes	Yes	Yes	

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609 Service Codes: Prosthodontic (Removable) Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>					
D5213	Once per 84 months	Yes	No	No	
D5214	Once per 84 months	Yes	No	No	
D5225	Once per 84 months	Yes	No	No	
D5226	Once per 84 months	Yes	No	No	
<b>Repairs to Complete Dentures</b>					
D5511		Yes	Yes	Yes	
D5512		Yes	Yes	Yes	
D5520		Yes	Yes	Yes	
<b>Repairs to Partial Dentures</b>					
D5611		Yes	Yes	Yes	
D5612		Yes	Yes	Yes	
D5621		Yes	Yes	Yes	
D5622		Yes	Yes	Yes	
D5630		Yes	Yes	Yes	
D5640		Yes	Yes	Yes	
D5650		Yes	Yes	Yes	
D5660		Yes	Yes	Yes	
<b>Denture Reline Procedures</b>					
D5730	Once per 24 months per arch	Yes	Yes	Yes	
D5731	Once per 24 months per arch	Yes	Yes	Yes	
D5740	Once per 24 months per arch	Yes	No	No	
D5741	Once per 24 months per arch	Yes	No	No	
D5750	Once per 24 months per arch	Yes	Yes	Yes	
D5751	Once per 24 months per arch	Yes	Yes	Yes	

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609 Service Codes: Prosthodontic (Removable) Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D5760	Once per 24 months per arch	Yes	No	No	
D5761	Once per 24 months per arch	Yes	No	No	

610 Service Codes: Prosthodontic (Fixed) Services

See 130 CMR 420.429 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Fixed Partial Denture Pontics</b>					
D6241	Once per 60 months per tooth	Yes	No	No	
D6751	Once per 60 months per tooth	Yes	No	No	
<b>Other Fixed Partial Denture Services</b>					
D6930		Yes	No	No	
D6980		Yes	No	No	.



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611 Service Codes: Oral Surgery (Exodontic) Services

See 130 CMR 420.430 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D6999		Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA) (IC)	Include documentation to substantiate why the repair could not be done chairside. See 602(A) and (B) above and 130 CMR 420.429(B).
<b>Extractions (Includes Local Anesthesia and Routine Postoperative Care)</b>					
D7111		Yes	Yes	Yes	
D7140		Yes	Yes	Yes	
D7210		Yes	Yes	Yes	
D7220		Yes	Yes	Yes	
D7230		Yes	Yes	Yes	
D7240		Yes (PA)	Yes (PA)	Yes (PA)	Include Panorex film. See 602(A) above and 130 CMR 420.430(D).
D7250		Yes	Yes	Yes	
D7270		Yes	Yes	Yes	
D7280	Including orthodontic attachments	Yes	No	No	
D7283		Yes	No	No	
<b>Surgical Procedures</b>					
D7310	Once per 6 months per quadrant	Yes	Yes	Yes	
D7311	Once per 6 months per quadrant	Yes	Yes	Yes	
D7320	Once per 6 months per quadrant	Yes	Yes	Yes	
D7321	Once per 6 months per quadrant	Yes	Yes	Yes	

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611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D7340		Yes (PA)	Yes (PA)	Yes (PA)	Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above and 130 CMR 420.430(F).
D7350†		Yes	Yes (PA)	Yes (PA)	† Payable only to a dental provider with a specialty in oral surgery. In accordance with 130 CMR 420.405(A)(7). See 602(A) above and 130 CMR 420.430(F).
D7410		Yes	Yes	Yes	
D7411		Yes	Yes	Yes	
D7450		Yes	Yes	Yes	
D7451		Yes	Yes	Yes	
D7460		Yes	Yes	Yes	
D7461		Yes	Yes	Yes	

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611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D7471†	Once per lifetime per arch	Yes	Yes	Yes	† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7472†	Once per lifetime per arch	Yes	Yes	Yes	† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7473†	Once per lifetime per arch	Yes	Yes	Yes	† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7961		Yes	Yes	Yes	
D7962		Yes	Yes	Yes	
D7963		Yes	Yes	Yes	
D7970		Yes	Yes	Yes	
D7999		Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA)(IC)	See 602(A) and (B) above.

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612 Service Codes: Orthodontic Services

See 130 CMR 420.431 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Orthodontic Diagnosis and Full Orthodontic Treatment</b>					
D8050		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance. See 602(A) and (B) above and 130 CMR 420.431.
D8060†		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance. See 602(A) and (B) above, 130 CMR 420.431, and <i>Dental Manual <a href="#">Appendix E</a></i> . † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8070†	Once per lifetime for either D8070, D8080, or D8090.	Yes (PA)	No	No	<p>Include the x-ray, photographic prints, completed copy of the Handicapping Labio-Lingual Deviations (HLD), Form and medical necessity narrative, if applicable. See 602(A) and (B) above, 130 CMR 420.431, and <i>Dental Manual Appendix D</i>.</p> <p>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).</p>

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8080†	Once per lifetime for either D8070, D8080, or D8090.	Yes (PA)	No	No	<p>Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and <i>Dental Manual</i> <a href="#">Appendix D</a>.</p> <p>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).</p>

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8090†	Once per lifetime for either D8070, D8080 or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and <i>Dental Manual Appendix D</i> . † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8670†	As part of contract; billed once per quarter (90 days) on the first date of service beginning with the calendar month following the calendar month during which appliance(s) were placed	Yes (PA)	No*	No*	Submit authorization request for the first two years of treatment. Include photographic prints, radiographs (lateral and occlusal views) & HLD Form. * <i>Exception for members whose comprehensive orthodontic treatment began by age 21.</i> See 130 CMR 420.431(A). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8660†	Consultation - once per 6 months	Yes	No	No	† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).



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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8680†		Yes	No*	No*	<i>* Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A)(1).</i> † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.
D8690†		Yes (PA)	No	No	† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). See 602(A) above.

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612 Service: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8703†		Yes (PA)	No	No	See 602(A) above. See 130 CMR 420.431(C)(5). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8704†		Yes (PA)	No	No	See 602(A) above. See 130 CMR 420.431(C)(5). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8999†		Yes (PA) (IC)	No*	No*	* <i>Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A).</i> † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). See 602(A) and (B) above.

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613 Service Codes: General Anesthesia and IV Sedation Services

See 130 CMR 420.452 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D9222		Yes	Yes	Yes	
D9223		Yes	Yes	Yes	
D9230		Yes	Yes	Yes	
D9239		Yes	Yes	Yes	
D9243		Yes	Yes	Yes	
D9248		Yes	Yes	Yes	

614 Service Codes: Adjunctive Services

See 130 CMR 420.456 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Unclassified Treatment</b>					
D9110	Other nonemergency medically necessary treatment may be provided during the same visit; that is, nonemergency codes may be billed in conjunction with D9110.	Yes	Yes	Yes	
<b>Professional Visits</b>					
D9410		Yes	Yes	Yes	A visit to a nursing facility, chronic disease and rehabilitation hospital, hospice facility, school, or other licensed educational facility, once per facility per day. Bill in addition to any medically necessary MassHealth-covered service provided during the same visit. Code may be billed once per facility per day. See 130 CMR 420.456(F).

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614 Service Codes: Adjunctive Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Treatment of Physically or Developmentally Disabled Members</b>					
D9920	Once per member per day	Yes (PA)	Yes (PA)	Yes (PA)	Include a description of the member's illness or disability, and types of services to be furnished. See 602(A) above and 130 CMR 420.456(B).
<b>Miscellaneous Services</b>					
D9930		Yes (IC)	Yes (IC)	Yes (IC)	Include with the claim the date, the location of the original surgery, and the type of procedure. See 602(A) above.
D9945		Yes (PA)	No	No	Include documented evidence of the need for the appliance. See 602(A) above.
D9941		Yes	No	No	
D9999		Yes (PA), (IC)	Yes (PA), (IC)	Yes (PA) (IC)	See 602(A) and (B) above.

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615 Service Codes: Oral and Maxillofacial Surgery Services

See 130 CMR 420.453 and 420.455 for service descriptions and limitations.

The following all-numeric service codes may be used only by dental providers who are specialists in oral surgery, in accordance with 130 CMR 420.405(A)(7).

CPT Service Codes

10060	12002	13152	15574	17273
10061	12004	13153	15576	17274
10120	12005	13160	15610	17276
10121	12006	14000	15620	17280
10140	12007	14001	15630	17281
10160	12011	14020	15730	17282
10180	12013	14021	15731	17283
11010	12014	14040	15733	17284
11011	12015	14041	15734	17286
11012	12016	14060	15740	17999 (IC)
11042	12017	14061	15750	20100
11043	12018	14301	15756	20200
11044	12020	14302	15757	20205
11045	12021	15040	15758	20206
11046	12031	15100	15760	20220
11310	12032	15110	15770	20225
11311	12034	15111	15819	20240
11312	12035	15115	15820 (PA)	20245
11313	12036	15116	15821 (PA)	20520
11440	12037	15120	15822 (PA)	20525
11441	12041	15121	15823 (PA)	20526
11442	12042	15150	15840	20605
11443	12044	15151	15841	20615
11444	12045	15152	15842	20670
11446	12046	15155	15845	20680
11620	12047	15156	15852	20690
11621	12051	15157	15860	20692
11622	12052	15240	16000	20693
11623	12053	15241	17000	20694
11624	12054	15260	17003	20900
11626	12055	15261	17004	20902
11640	12056	15271	17106	20910
11641	12057	15272	17107	20912
11642	13120	15273	17108	20920
11643	13121	15274	17110	20922
11644	13122	15275	17111	20924
11646	13131	15276	17260	20926
11960	13132	15277	17266	20955
11970	13133	15278	17270	20956
11971	13150	15570	17271	20962
12001	13151	15572	17272	20969

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615 Service Codes: Oral and Maxillofacial Surgery Services (cont.)

20970	21151 (PA)	21325	21480	31290
20999 (IC)	21154 (PA)	21330	21485	31292
21010	21155 (PA)	21335	21490	31293
21015	21159 (PA)	21336	21495	31294
21025	21160 (PA)	21337	21497	31299 (IC)
21026	21172 (PA)	21338	21499 (IC)	31420
21029	21175 (PA)	21339	21685	31500
21030	21179	21340	29800 (PA)	31502
21031	21180	21343	29804 (PA)	31505
21032	21181	21344	29999 (IC)	31510
21034	21182	21345	30000	31511
21040	21183	21346	30020	31515
21044	21184	21347	30124	31525
21045	21188 (PA)	21348	30125	31526
21046	21193 (PA)	21355	30130	31530
21047	21194 (PA)	21356	30140	31531
21048	21195 (PA)	21360	30150	31535
21049	21196 (PA)	21365	30160	31536
21050	21198 (PA)	21366	30462	31575
21060	21206 (PA)	21385	30465	31600
21070	21208 (PA)	21386	30520	31603
21076	21209 (PA)	21387	30580	31605
21077	21210 (PA)	21390	30600	31610
21079	21215 (PA)	21395	30630	31615
21080	21230 (PA)	21400	30901	31622
21081	21235 (PA)	21401	30903	35500
21082	21240 (PA)	21406	30905	35572
21083	21242 (PA)	21407	30906	35681
21084	21243 (PA)	21408	30920	35682
21085	21244 (PA)	21421	30999 (IC)	35701
21086	21247 (PA)	21422	31000	35800
21087	21255 (PA)	21423	31020	35860
21088 (IC)	21260	21431	31030	35875
21089 (IC)	21261	21432	31032	35876
21100	21263	21433	31040	37609
21110	21267	21435	31200	38500
21116	21268	21436	31201	38505
21120	21270	21440	31205	38510
21137 (PA)	21275	21445	31225	38542
21138 (PA)	21280	21450	31230	38550
21139 (PA)	21282	21451	31231	38555
21141	21295	21452	31233	38700
21142	21296	21453	31237	38720
21143	21299 (PA),	21454	31238	38724
21145	(IC)	21461	31239	38790
21146 (PA)	21310	21462	31240	38792
21147 (PA)	21315	21465	31256	40490
21150 (PA)	21320	21470	31267	40500

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615 Service Codes: Oral and Maxillofacial Surgery Services (cont.)

40510	41108	42200	42804	62147
40520	41110	42205	42806	62148
40525	41112	42210	42808	64400
40527	41113	42215	42809	64600
40530	41114	42220	42810	64605
40650	41115	42225	42815	64612
40652	41116	42226	42820	64613
40654	41120	42227	42842	64615
40700	41130	42235	42844	64616
40701	41135	42260	42845	64722
40702	41140	42280 (PA)	42860	64727
40720	41145	42281 (PA)	42870	64732
40761	41150	42299 (IC)	42890	64734
40799 (IC)	41153	42300	42894	64736
40800	41155	42305	42900	64738
40801	41250	42310	42950	64740
40804	41251	42320	42953	64864
40805	41252	42330	42955	64865
40806	41510	42335	42960	64868
40808	41520	42340	42961	64872
40810	41599 (IC)	42400	42962	64874
40812	41800	42405	42970	64885
40814	41805	42408	42971	64886
40816	41806	42409	42972	64910
40818	41820 (IC),	42410	42999 (IC)	64911
40819	(PA)	42415	61580	64999 (IC)
40820	41821 (IC)	42420	61581	67715
40830	41822	42425	61582	67840
40831	41823	42426	61583	67916
40840 (PA)	41825	42440	61584	67917
40842 (PA)	41826	42450	61585	68801
40843 (PA)	41827	42500	61586	68810
40844 (PA)	41828	42505	61590	68811
40845 (PA)	41830	42507	61591	69990
40899 (IC)	41850 (IC)	42508	61592	70100
41000	41874	42509	61595	70110
41005	41899 (IC)	42510	61596	70140
41006	42000	42550	61597	70150
41007	42100	42600	61598	70160
41008	42104	42650	61600	70210
41009	42106	42660	61605	70220
41010	42107	42665	61606	70240
41015	42120	42699 (IC)	61607	70328
41016	42140	42700	61608	70330
41017	42145	42720	62142	70360
41018	42160	42725	62143	70380
41100	42180	42800	62145	
41105	42182	42802	62146	

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615 Service Codes: Oral and Maxillofacial Surgery Services (cont.)

99202	99214	99222	99233	99284
99203	99215	99223	99234	99285
99204	99217	99224	99235	
99205	99218	99225	99236	
99211	99219	99226	99281	
99212	99220	99231	99282	
99213	99221	99232	99283	